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ARKANSAS GUIDE FOR PUBLIC SCHOOL SPEECH THERAPY.

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THIS GUIDE CONTAINS GUIDELINES FOR PLANNING, DEVELOPING, AND ADMINISTERING SPEECH THERAPY PROGRAMS IN THE PUBLIC SCHOOLS. THE RESPONSIBILITIES OF THE ADMINISTRATIVE PERSONNEL IN ESTABLISHING, SUPERVISING, AND PROVIDING PROPER EQUIPMENT FOR A PUBLIC SCHOOL SPEECH THERAPY PROGRAM ARE DESCRIBED. THE ROLES OF THE STATE SUPERVISOR, THE SCHOOL PRINCIPAL, AND THE CLASSROOM TEACHER ARE DEFINED. A GUIDE FOR THE SPEECH THERAPIST AND SAMPLE FORMS FOR REFERRALS, REPORTS, AND CASE HISTORIES ARE INCLUDED. (CG)

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ARKANSAS GUIDE

for

PUBLIC SCHOOL SPEECH THERAPY

by

Special Education Division
of
Instructional Services
Arkansas State Department of Education

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Commissioner for Instructional Services

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1965

FOREWORD

One of the significant developments of American Education in the Twentieth Century has been the increasing recognition of the responsibilities of our public schools to children who have special problems and needs. One of the areas for which such special service has been increased is the area of disorders of communication.

The Arkansas State Department of Education is interested in providing opportunities which will permit each child to develop to the maximum of his potential. It is intended that each child be given the opportunity he needs to develop his communicative ability.

This publication contains guidelines for establishing and developing programs in which children with speech difficulties can be helped to solve their problems. The information would be of great value in planning, developing, and administering programs in Public Schools of Arkansas.

A. W. Ford

A. W. Ford

Commissioner

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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PREFACE

The Division of Instructional Services in the area of Special Education is engaged in assisting local school systems to provide services that exceptional children need beyond the regular instructional program and beyond the facilities of the regular classroom.

The Department of Education acknowledges the assistance rendered by the Arkansas Speech and Hearing Association and the time and labor of the Jefferson County and Pine Bluff Public School Speech Therapists:

Mrs. Yngve Ramstad - Chairman

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TABLE OF CONTENTS

Foreword

Preface

PART I

Guide for Administrators 4

Legal Basis 4

Establishing a Speech and Hearing Program 4

Administering the Program 7

Role of the State Supervisor of Speech Therapy 11

Role of the School Principal 11

Role of the Classroom Teacher 13

PART II

Guide for the Speech Therapist 16

Organization of Program 16

Identification of Children 16

Relationship with Medical Profession 17

Scheduling 17

Coordination Day 17

Records and Reports 18

Instructional Program 19

Conference Day 19

In-Service Training 19

Forms for Standardization 20 - 32

PART III

Recommendations 33

PART I

GUIDE FOR ADMINISTRATORS, PRINCIPALS, AND TEACHERS

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PART I

Guide for Administrators

This section is to be used by the Superintendent as a guide for establishing and administering a speech program. The responsibilities of the administrative personnel and classroom teachers will be described. The following recommendations and guidances have been thoroughly studied and investigated. The standards here are not only those set by the authors but are the procedures being practiced in nearly all states with speech therapy programs.

Legal Basis

The people of Arkansas realize that it is necessary to provide equal opportunity for all children. Therefore, effort is being made to provide appropriate educational opportunities that are commensurate with each child's needs and abilities.

Act 412, 1947; Act 315, 1949; and Act 169, 1963; Arkansas, provide state educational assistance for handicapped children ages 6 - 20. Speech therapy is a part of this educational assistance. Each child certified as eligible for speech therapy must be evaluated by a speech therapist and must have a medical form signed by a physician licensed to practice in Arkansas.

Establishing a Public School Therapy Program

Special Education services are established through the initiative of the local school system. The State Department of Education assists the local system in providing appropriate programs. Speech therapy is a part of the total educational program and, therefore, a direct responsibility of the local superintendent.

The following procedures are suggested for developing a public school speech program:

1. Determine the Needs

   Find the eligible children in the school system. Identify their specific needs and establish a priority for meeting these needs. This may be accomplished by consultation with parents, teachers, principals, physicians, and personnel from other agencies. Medical and psychological evaluations are useful in determining eligibility.

2. Guidance and Source for Establishing Programs

   The State Department of Education's Supervisor of Special Education can give information regarding state aid, types of approved schedules, and forms and reports required to establish the program.

3. Select a Qualified Speech Therapist

   When selecting a speech therapist, certain qualifications should be considered. The requirements for speech therapy certification currently set by the State of Arkansas, which generally follow those of the American Speech and Hearing Association, are as follows:

   a. A bachelor's degree and the general education requirements for all certificates.

   b. Eighteen semester hours of professional education, including (1) study of the school, the learning process and teaching, and (2) six semester hours or 200 clock hours of clinical practice in speech therapy.

c. Eighteen semester hours distributed in five areas as follows:

Speech Fundamentals ..... 3 sem. hours

Voice Science ..... 3 sem. hours

Phonetics ..... 3 sem. hours

Hearing ..... 3 sem. hours

Speech Correction ..... 6 sem. hours

These certification requirements were taken from the Laws and Regulations Governing the Certification of Teachers, Administrators, and Supervisors (Bulletin V) for Arkansas. Ultimately, every speech therapist should strive to fulfill the requirements for American Speech and Hearing Association certification.

The speech therapist who is to be involved in a public school therapy program must view her role in the proper perspective. She must fully realize that she is dealing not only with linguistic problems, but with a type of social behavior which permits individuals to make essential adjustments in our society.

The speech therapist must be capable of executing the following functions: (1) correcting and improving the speech patterns of the students with whom she works: (2) stimulating and formulating wholesome and desirable attitudes toward speech; and (d) providing scientific information and theoretical principles needed for speech improvement. It is essential that a speech therapist possess the ability to motivate, stimulate, understand, and control other people. Above all, a speech therapist should make systematic attempts to improve herself in all of the many and varied academic areas in which she has had training.

3. Select a Qualified Speech Therapist (Continued)

The academic training needed by the professional speech therapist is wide and varied. She must have a background in the sciences of biology, anatomy, physics of sound, biochemistry; educational, adolescent, and abnormal psychology; mental testing; sociology; foreign languages; public speaking; elementary education; teaching of reading; and physical education for knowledge in treating physically handicapped children (Van Riper). Having this background, she must keep abreast in all of these areas. Therefore, in a situation where university graduate programs are not available to her, she should be permitted to take advantage of specific conferences, conventions, and seminars designed to advance her competence in the field of speech therapy.

In this state, where speech therapists working in public schools are solely responsible for their own programs, it is mandatory that they be persons who have organizational abilities and will adhere rigidly to the code of ethics of the American Speech and Hearing Association.

4. Provide Physical Facilities

Special equipment, materials and supplies are required for a Speech Therapy program. The therapist can provide guidelines for these needs. Detailed examples can be found throughout this book.

5. Secure Approval of Position

Submit the necessary state forms for each type of position, indicating teacher, number of eligible children, and amount of funds expected to be claimed from excess cost.

6. Evaluate the Program

Use consultative services and local resources such as teachers, fellow administrators, dentists, orthodontists, physicians, and psychiatrists, to determine the effectiveness of the program. Develop future plans in terms of the results of the evaluations.

Administering the Program

In Arkansas, the superintendent is responsible for the over-all guidance of the total school program. Only school board action can establish Speech Therapy at the local level.

There are different patterns of administering public school speech therapy programs, such as:

1. The speech therapist reports directly to the Superintendent.
2. The speech therapist is under the guidance of the State Supervisor

of Speech Therapy (There is no person serving in this capacity presently).

3. The speech therapist is under the guidance of the Special Education Supervisor.

The most common practice at this time is the use of the first alternative. The ideal situation would be, of course, to do this in conjunction with a State Supervisor of the program. Speech Therapy or instruction refers to the diagnosis and treatment of consistent and comspicuous deviations from normal speech which call attention to themselves, interfere with communications, or cause maladjustment.

In arranging class schedules, the speech therapist must consider such elements as age, grade, recess time, lunch period, desires of the classroom teacher regarding the child's release for speech class, and the amount of time needed for each child's speech problems.

The speech therapist must not be expected to take all children who need help simply because the need exists. This merely spreads the teacher so "thin" that the effort is wasted. In addition, the personal frustration reduces her total effectiveness. The speech therapist does not walk into the school, perform certain duties, and step out; she is a teacher who is anxious to see that all her work coordinates with and gives assistance to the total educational process.

Types of Scheduling

Two types of scheduling are being used in Arkansas, namely the "staggered plan" and the "block plan". In the staggered plan, the children are seen at various intervals. For example, many children are seen once each week, necessitating staggering the class times of the different schools. The block plan is implemented by seeing the children in concentrated periods of time and then leaving them to work on their

own until the therapist returns, i.e., the therapist may see the children in your school everyday for six weeks, leave for twelve weeks, and then return for six more weeks.

The type of scheduling used will depend on the geographical location of schools, the number of children in each school, the existence of severe speech problems, the number of speech classes to schedule, and the desires of the principal and teachers.

The size of the group of children receiving instruction should not exceed five (5) children at any one time. The number of schools apportioned to one speech therapist will vary according to the local situation. In large school systems, the assignment of schools is usually made by the supervisor of the program.

The Speech Therapy program is not to be consused with a speech improvement program. Speech improvement may be included in the school's language arts program. Here, speech activities through which skills are applied and strengthened include informal talks and discussions, oral reading, phonics as a part of spelling and reading, choral speaking, creative dramatics, and story telling. Speech improvement work is a necessary part of the total classroom program.

It is the administrator's responsibility to provide essential facilities and equipment, such as:

1. Room

   Every room assigned to the speech therapist for working with her pupils should be:

   a. Advantageously located

      The room should be free from noise or interruptions. It should not have a generally used telephone. It should be located near primary classrooms.

b. Properly lighted

Good lighting is essential in order that both the pupils and teachers may see the face and the movement of the lips and tongue.

c. Properly heated and ventilated

d. Adequate size of classroom

A conference room which will accommodate six to eight people is the most desirable size for therapy classes.

2. Furniture

Every room in which the speech therapist works should be provided with:

a. Tables and chairs to fit pupils or individual desks

b. A chalkboard

c. A bulletin board

d. A mirror or mirrors

3. Office space

The following should be provided for the speech therapist:

a. A desk and chair

b. A locked filing cabinet

c. Storage space of good size for general supplies

d. A telephone

4. Technical Equipment

Equipment, materials, and supplies with which the speech therapist works should include:

a. A tape recorder

b. Working materials

Books, charts, record player, record forms, motivational devices, flannel boards, speech testing aids, and other materials which the teacher may requisition.

c. Available typing and mimeographing facilities

d. In addition to requisitions made through regular channels, some plan should be made for small current purchases by the speech therapist.

Role of the State Supervisor

At the present time there is no speech therapy supervisor at the state level. This person should be qualified not only as a speech therapist, but as an administrator as well. The public school speech therapist is trained to work in a relatively less structured framework than the classroom teacher. Although most public school programs may not have anyone in this supervisory position who is familiar with speech techniques, a state supervisor of the program would assist the speech therapist in the development and standardization of a thorough program.

Role of the School Principal

The speech therapist is responsible to the principal of each school in which she works. The whole-hearted and enthusiastic support of the principal is a major factor in the establishment and maintenance of the successful speech program.

The principal is the coordinator of all activities within a school. The efficiency of the speech therapy program is dependent upon proper channeling and coordination with other activities. This requires a two-way communicative arrangement concerning all points pertaining to the operation of the program within the school. Because the speech therapist is a part of the staff in each school in which she works, the principal has the same administrative responsibility for the speech therapist as for the other teachers.

The principal should give needed support to the speech therapist by:

1. Providing adequate room, furniture, and equipment.
2. Arranging for the exclusive use of the assigned room by the speech therapist on the day she is scheduled for his school.
3. Incorporating the therapist as a speaker during the pre-school workshops to inform the teachers of her goals and of the role that the teacher plays in the speech development of the child.
4. Acting as the person through whom referrals from the classroom teachers are made.
5. Helping the speech therapist set up the class schedule.
6. Arranging, insofar as possible, to schedule special events which may interfere with attendance in speech class for days the speech therapist is not in his school.
7. Notifying the therapist in advance of any activities which may prevent children from attending speech class.
8. Making the therapist feel a part of the school staff by assignment of a mail box so that she may be notified of teachers' meetings, receive information and bulletins given other teachers, and be included in social activities and parent and community programs.
9. Giving the therapist pertinent data regarding the family background or scholastic record which may give her insight in dealing with children that have speech problems.
10. Helping to coordinate the work of the teacher with special services available in the school system.

11. Arranging for the speech therapist to talk to teachers, parents, and other community groups.
12. Encouraging the classroom teacher to send children promptly to speech class, to carry out follow-up suggestions made by the therapist, and to consult the speech therapist regarding problems related to speech and language development of all children.
13. Arranging for teachers to visit occasionally the speech class which their children attend, so they may follow instructions more intelligently.
14. Giving the speech therapist more support by discussing with the classroom teachers their role in the speech therapy program.

Role of the Classroom Teacher

The length of time children are enrolled in speech classes may often be reduced by the interest and participation of the classroom teacher. The following suggestions, within the time and ability of the teacher to do so, can greatly increase the efficiency of the program.

The classroom teacher should:

1. Report to the principal children with speech problems.
2. Furnish the speech therapist with any information concerning the personality, home or school background of the child which might have a bearing on the speech problem.
3. Plan with the speech therapist for the best time for children to have speech class. The speech therapist will attempt to schedule speech class at a time convenient for the classroom teacher.

4. Help instill in the child a desire to go to speech class and remind him to go promptly. A child should never be penalized for going to speech class or forced to make up all the time lost from the classroom.
5. Develop a good attitude on the part of other children toward those with speech problems.
6. Visit speech class to observe how the speech therapist works with children.
7. Suggest how speech class activities may be coordinated with those of the classroom.
8. Encourage the daily, habitual use of newly acquired speech patterns.
9. Help the speech therapist when a child has reached the "carry over" or conversational area of instruction.
10. Be sure to understand the level of progress achieved by the student and use it as a follow-through in the classroom at the suggestion of the therapist.

The classroom teacher may render valuable assistance to the speech therapist. Visits and consultations enable the classroom teacher and the speech therapist to exchange information of mutual value concerning the child's background and his development. The classroom teacher should make a real and persistent effort to carry out the suggestions of the speech therapist relative to helping the child in the classroom.

One difficult and important phase of speech training is to get the child to carry over into the classroom the correct production of sounds learned in speech class. This can be aided greatly by the use of a speech improvement program in the classroom. This program not only encourages

carry over for those children in speech therapy, but it stabilizes sounds for those children just learning to control the complicated procedures of our language.

Speech improvement should be stressed in the elementary grades when mastering language is most difficult. Any therapist would be happy to provide the teacher with sources of information and any other help that may be needed in setting up such a program.

Because this program is not yet a part of college training for elementary teachers, the teacher should - through her own initiative - become acquainted with these procedures.

PART II

GUIDE FOR THE SPEECH THERAPIST

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Guide for the Speech Therapist

Organization of the Program

The speech therapist works under the general supervision of the Special Education Department of Arkansas. Cooperation and careful planning with local administrators and teachers will insure a more thorough, dynamic program.

In Arkansas there is not a speech therapy supervisor at the state level. Thus, the program will have to be organized by the therapist. Advice can be sought and found from those who work in your area of the State.

Several plans for organization have been used in Arkansas. They are as follows: block, rotation, semi-semester, once-a-week, and twice-a-week. systems. The programs most frequently used are the once-a-week and twice-a-week systems. The approach used by the therapist will depend upon the case load, the distance to be traveled, the classroom teacher's program, and the facilities available. Final reports are to be sent to the State Department of Education at the end of the year for reimbursement procedures. Sample forms can be found in Sample Forms for Standardization.

Identification of Children

The speech therapist must first identify children with speech problems and then establish a plan of priority for case load. Because of the limited number of therapists and the number of schools involved, the case load is usually limited to the elemtary grades.

The teacher-referral plan for selection is most frequently used. However, speech surveys are a more thorough method of selecting speech-defective children. Speech surveys of the primary grades are encouraged and are being done in some areas of the State.

A number of different methods can be used: screening during pre-registration or during early school year, alternation of grades (ex. 1-3-5-7), picture surveys, and word surveys. Each child selected from the survey results should receive a full diagnostic evaluation.

Relationship with the Medical Profession

Diagnosis and treatment of organic defects and diseases are the responsibility of the medical profession. If such defects or diseases are observed, the speech therapist should tactfully suggest to the parent or teacher that there may be a physical problem, such as enlarged tonsils or other related abnormalities, and that the parent should seek medical consultation.

Speech therapy is a division of Special Education in Arkansas. Arkansas State Act 412, 1947; Act 315, 1949; and Act 169, 1963, provide state educational assistance for handicapped children. Each child certified as eligible to be in speech therapy must have the required HC-1 form signed by a physician. These forms need be completed only once. Several approaches for obtaining these forms include: forms sent to the parent for completion, forms mailed to the family physician, and forms signed by the public health physician when welfare help is needed. It is recommended that when using the latter two methods, you contact the physician first, and that you do this as early in the year as possible in order to avoid a rush at the end of the year.

Scheduling

If the teacher-referral system of selection is used, the testing and speech program should not begin until two weeks after school has opened. During this time the therapist should organize her materials and confer with administrators.

Coordination Day

An adequate speech therapy program cannot be carried out without a coordination day. This day is not one solely for working on office records. Valuable time is needed to carry out the following activities:

1. Conferences with parents at school or home.
2. Visits to classrooms to observe how children with speech problems perform in that environment.
3. Consultations with psychologists, social workers, and other community agencies.
4. Consultations with local health department personnel and other persons concerned with the child's welfare.
5. Telephone conferences with persons mentioned above.
6. Reevaluation of previously tested persons.
7. Planning with local health department personnel for hearing surveys.
8. Additional instructions for children who need extra attention.
9. Recording information from school reports.
10. Reinforcement classes for students previously dismissed.

Reports

Arkansas speech therapists, to date, have no standardization concerning reports. The following reports are necessary for a complete program:

1. Referral sheet for teacher.
2. Screening testing.
3. Diagnostic testing.
4. Report to teacher on speech referral.
5. Letter to parent of testing results and enrollment in speech therapy.
6. Invitation to parents for conference.
7. Audiology forms (obtained from health department).
8. Case history.

9. Therapy class schedule sent to teacher,

10. Progress reports (semi-annually).

11. Teacher evaluation of program and children's progress.

12. Final report to administrators.

Samples of these forms can be found on the following pages.

Instructional Programming

Good lesson planning is designed to give each child an opportunity to engage in activity as a speaker or listener in accordance with his ability to perform. Lessons should be planned on basis of: (1) overall goal, (2) specific goals for the lesson, and (3) actual procedure for the lesson.

Since the activities must be varied, it should be remembered that motivational devices should not supercede the purpose of the program: "better speech".

Activities to aid speech may include drills, games, rewards, outside assignments, workbooks (individual loose leaf notebooks to be filled by child), and mimeographed materials.

Conferences

Initial and periodic conferences should be arranged with parents, teachers, and administrators. Explanations in the conference should include the problem of the child, his progress, and the role each person should play in helping or not interfering with progress of the child.

In-Service Training

When possible, therapists should meet once a month and discuss difficult cases, exchange ideas, and accumulate new procedures and new motivational devices.

Some in-service training should also be provided for public school teachers. Two classes should be held during the school year, one at the beginning, and one at mid-term.

SAMPLE FORMS FOR STANDARDIZATION

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REFERRAL FOR SPEECH THERAPY

SCHOOL:

TEACHER:

GRADE:

STUDENT	AGE	PARENTS' NAME AND ADDRESS	YOUR OPINION OF THE STUDENT'S SPEECH PROBLEM

FOR SPEECH SCREENING PURPOSES

AGE	SOUNDS
3 ½	P B M W H AND VOWELS
4 ½	T D N K G NG Y
5 ½	F V
6 ½	SH ZH L TH ~~TH~~
7 ½	R WH S Z

NAME _____ AGE _____

SCHOOL _____ DATE _____

SPEECH ANALYSIS _____

_____

_____

RECOMMENDATIONS _____

_____

_____

_____

TESTER _____

ARTICULATION TEST FORM

NAME:
AGE:
SCHOOL:
GRADE:

THERAPY:
DATE:
PARENTS' NAME:
ADDRESS:

PHYSICIAN:
TEACHER:

CONVERSATION:
BROTHERS AND SISTERS
DESCRIPTION OF ROOM
COLORS
NUMBERS: ONE, TWO, THREE, FOUR, FIVE, SIX, SEVEN, EIGHT, NINE, TEN

	CHECK WORDS	INITIAL	MEDIAL	FINAL	ISOL	COMMENTS
P (16)	pan, puppy, cup					
B (17)	baby, rabbit, bathtub					
M (7)	milk, lemon, comb					
H (14)	hand, birdhouse					
W (9) 3 ½	wagon, flowers					
T (1)	tie, butterfly, bat					
D (4)	dog, ladder, bed					
N (2)	nail, banana, lion					
K (8)	cat, cookies, cake					
G (18)	girl, wagon, pig					
NG (19)	swinging, ring					
Y (12) 4 ½	(yellow) yarn, onion					
TH (10)	this or that, feathers, smooth					
ZH (22)	television, garage					
SH (20)	shoe, dishes, fish					
L (5) 6 ½	lamp, umbrella, doll					
S (6)	saw, see-saw, house					
Z (11) 6 ½	zebra, scissors, Santa Claus					
R (3)	rake, carrot, car					
TH (21)	thumb, toothbrush, teeth					

CONTINUED: ARTICULATION TEST FORM

	CHECK WORDS	INITIAL	MEDIAL	FINAL	ISOL.	COMMENTS
WH (23)	wheel, steering wheel					
CH (24)	chair, matches, watch					
DZH (25) 7 ½	jam, pajamas, orange					
L BLENDS	clock, block, flag					
S BLENDS	spool, star, mask					
R BLENDS	tree, crow, broom					
VOWELS						

SOUNDS - IN ORDER OF DEVELOPMENT

( ) - FREQUENCY OF OCCURRENCE

3 ½, 4 ½, 5 ½, 6 ½, 7 ½ - AGE OF EXPECTED DEVELOPMENT OF SOUNDS FOUND ABOVE THE NUMBER

Report on Speech Referrals Tested

_____ _____ _____

Teacher Grade School

_____ was referred for speech evaluation. The test was completed and the following checked items may be of help to you in understanding what was found in the evaluation:

( ) The student has a definite speech defect and needs speech correction
( ) The student did not evidence sufficient difficulty at the time of the test to warrant assistance at this time

The student's problem is:

( ) Articulation (substitutes, distorts, omits sounds)

( ) Fluency (hesitates, prolongs sounds, stutters)

( ) Voice (has displeasing voice quality or pitch)

( ) Other

****

( ) I will be at your school on _____ to to try to arrange scheduling for _____.

( ) It will not be possible to schedule this student at the present time because of a full schedule.

( ) Speech therapy is not recommended for _____.

_____ _____

Date of Evaluation Speech Therapist

Dear Parents,

In order to provide the best possible educational development in all our students, we provide a speech therapy program for all children with speech problems. Your child has been tested recently by the school therapist and it has been found that _____ is having some difficulty with his speech. Specifically, _____

_____.

Your child, consequently, has been enrolled. He will be seen once a week for thirty minute classes. Many children are slow in learning to talk plainly. Some children who are of school age still use "baby talk", lisp, or speak with a muffled voice. It is important to do something as early as possible about a child's handicap. If allowed to continue, poor speech can hinder the child in his school work, and possibly be a problem to him throughout his lifetime.

For best results in speech correction, it should be a twenty-four hour setup. From time to time the child will have some assignments. This work may be finding pictures or saying words. He or she will tire easily, so it is suggested that not more than fifteen minutes work should be done at a time.

_____ have been set aside for parent conferences.
(time)

If you will call or write, an appointment will be gladly set up for you.

We hope we will be able to make a great deal of progress with your child in the coming year.

Yours truly,

_____
Speech Therapist

Date _____

Dear _____:

I would like to meet with you on _____ if possible
(date)

at _____, at _____ school, to discuss
(time) (place)

_____.
(child)

If you are unable to come at the above time, please let me know and I will try to arrange a more convenient time.

Sincerely,

_____
Speech Therapist

CASE HISTORY

PHYSICAL HISTORY

Development: Age of Talking _____ Age of Walking _____ Coordination _____
Illness and Surgery _____

Mouth: Teeth _____ Palate _____ Tongue _____ Voice _____

Hearing: Right Ear _____ Left Ear _____ Date of Test _____

_____

HOME ENVIRONMENT

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Sisters _____ Ages _____ Brothers _____ Ages _____

Family History of Speech Problems _____

Parental Cooperation _____

_____

_____

_____

CLASSROOM RECORD

Type of Test _____ IQ. _____ C. A. _____ M. A. _____

_____ IQ. _____ C. A. _____ M. A. _____

Attitude Toward Speech _____

Classroom Behavior _____

Comments: _____

_____

_____

PREVIOUS THERAPY

Sounds Worked on _____

Progress _____

Parent Conferences _____

CLASS SCHEDULE FOR THE TEACHER

TO: _____ SCHOOL _____
(teacher)

RE: SPEECH CORRECTION

LISTED BELOW IS THE SCHEDULE OF SPEECH THERAPY FOR THE FOLLOWING CHILDREN FROM YOUR ROOM:

CHILD	DAYS	TIME
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SHOULD THIS SCHEDULE BE INCONVENIENT, PLEASE NOTIFY ME AS SOON AS POSSIBLE AND I WILL ATTEMPT TO MAKE THE NECESSARY CHANGES.

THANK YOU,

_____
SPEECH THERAPIST

JEFFERSON COUNTY SPEECH THERAPY PROGRAM
MID-TERM REPORT

SCHOOL: _____

DATE : _____

DEAR _____:
(teacher)

_____ has been in speech class for the past _____ weeks. He has been working on:

His progress to date has been:

Excellent _____ Good _____ Satisfactory _____ Poor _____.

The child can now:

But he should not be expected to:

You, as teachers and parents can help to keep _____progressing in his speech, by being patient with him while he is speaking, encouraging him to listen for the proper speech to be used, and _____
(specifics)

_____

_____.

This will be a great help to the child and the therapist. Just a warning; you can hinder as well as help the child. Do not over do it. If the child is having too much difficulty, forget what you are doing and let him go his own way.

Thank you for all of the help and support you have given to the program. This work could not have been successful without you.

Yours truly,

_____
Speech Therapist

FINAL SPEECH THERAPY REPORT

SCHOOL _____

TEACHER _____

CHILD _____

GRADE _____

AGE _____

CHILD _____ PHONE _____

ADDRESS _____PARENT, GUARDIAN _____

PARENT CONFERENCE HELD _____HOME TRAINING PROGRAM SET UP _____

MEDICAL DENTAL CONTACT MADE _____ PSYCHOMETRIC EVALUATION _____

EVALUATION ( ) Articulation Problem: ____slight ____moderate ____severe

( ) Hearing loss in the _____ear(s) _____severity

( ) Voice disorder of ___pitch ___rate ___volume ___quality

( ) Fluency problem: primary___ transitional___ secondary___

( ) Speech disorder with physical involvement: _____

APPROACH ( ) _____A WEEK BASIS _____MINUTE SESSIONS

from _____, 196__ to _____, 196__

( ) Direct sound centered approach

( ) Emphasis in the sound-centered approach was on the _____

_____
Name of sound and stage of progress

( ) Release approach only

( ) Combination of the release and sound approach

( ) Language centered approach

( ) Parent counseling basis only

( ) Other

PROGRESS

( ) Little Apparent ( ) Fair ( ) Good ( ) Excellent

( ) The student is now learning to put these sounds in connected speech: _____

( ) These sounds cannot be produced under any circumstances as yet: _____

( ) These sounds can be made with a conscious effort only; they are not corrected in the classroom or at home.

SPEECH THERAPIST'S RECOMMENDATIONS

( ) Dismissal

( ) Reevaluation in September 196__

( ) Continue Speech correction in 196__, 196__

( ) Summer Speech Program

( ) Clinic or private practitioner referral

CLASSRCOM TEACHER RECOMMENDATIONS

Of those above: _____

COMMENTS _____

_____

_____

SPEECH THERAPIST

_____

DATE

(DISTRICT HEADING)
SPEECH CORRECTION
CUMULATIVE ANNUAL REPORT

....
(school) (school year covered by report)

I. SCHEDULE AND CASE LOAD INFORMATION:
   A. NO. STUDENTS RECEIVING SPEECH as of October 1 of the current school year .....
   B. NO. STUDENTS TRANSFERRING from this school during school year .....
   C. NO. STUDENTS WITHDRAWN for reasons other than transfer during school year .....
   D. NO. STUDENTS ADEQUATELY CORRECTED and dropped during school year.....
   E. TOTAL NO. STUDENTS TERMINATING SPEECH during school year (B+C+D=E) .....
   F. NO. NEW STUDENTS ENROLLED DURING school year .....
   G. TOTAL NO. STUDENTS RECEIVING SPEECH AT END OF YEAR (A+F-E=G) .....

II. SCREENING AND TESTING INFORMATION:
   A. NO. SPEECH DIAGNOSES administered during school year .....
   B. NO. STUDENTS SCREENED FOR SPEECH .....
      GRADE LEVELS .....
   C. STUDENTS BEING MAINTAINED ON WAITING LIST AT END OF SCHOOL YEAR .....

III. ANALYSIS OF SPEECH HANDICAPS: (Denote numbers of students with each of the following types of speech handicaps as of the end of the school year)

   A. Articulation ..... C. Voice .....
   B. Fluency ..... D. Other ..... *

IV. OTHER INFORMATION PERTINENT TO CASE LOAD:
   A. No. Kindergarten students having received Speech or Language Stimulation .....
   B. No. First Grade students having received Speech or Language Stimulation .....
   C. No. Special Educ. students having received Speech or Language Stimulation .....

V. MISCELLANEOUS INFORMATION:
   A. No. Students referred to OTHER AGENCIES (Exclusive of hearing difficulties) during school year
   B. NO. PARENT CONFERENCES HELD DURING SCHOOL YEAR .....

VI.* PROBLEMS ENCOUNTERED DURING THE YEAR:
VII.* SUPPLIES, EQUIPMENT, OR MATERIAL NEEDED (Also list any equipment needing repair)
VII.* SUGGESTIONS FOR PROGRAM IMPROVEMENT:

.....
(Speech Therapist's Signature)

.....
(Date Report Submitted)

* Explain fully on an attached sheet

PART III

RECOMMENDATIONS FOR CHANGE IN THE PROGRAM

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RECOMMENDATIONS

In conclusion, a list of the recommended changes made throughout this booklet is shown below: Hopefully, these suggestions will assist in providing a better over-all speech therapy program in Arkansas.

1. Proper rooms should be provided for teaching speech therapy.
2. Speech Improvement programs should be a required part of the classroom program.
3. Speech Improvement training should be offered as a part of college training for classroom teachers.
4. A State Supervisor of Speech Therapy should be included in the Education program at the State level.
5. Speech therapists should be a part of the pre-school workshop training.
6. Mailboxes should be given to the therapist in every school, so that she may keep well informed of school activities.
7. Greater interest should be shown by teachers and administrators of the work in the speech class.
8. There should be standardization of forms used by therapists over the State (Hopefully, this booklet will provide a beginning).
9. Provided that there are enough therapists, referrals for speech therapy should be done through screening surveys.
10. The state medical form for public school therapy reimbursement should be modified to meet the needs of special physical problem children who require this precautionary care before entering speech therapy.